PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
d Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB contri							
Effective on 12/08	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	nber 10	10/667,610-Conf. #9760			
FEE TRANSMITTAL		Filing Date		September 23, 2003			
For FY 2	First Named Inv	Onto:	Han MOON				
	Examiner Name J. W. Desir						
Applicant claims small entity sta	Art Unit 2622						
TOTAL AMOUNT OF PAYMENT (\$) 260.00		Attorney Docket	Attorney Docket No. 3449-027			2	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name; Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
-		EARCH FEES	EXAMINA	ATION FEES			
Application Type Fee (Small Entity 5) Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Face F	aid (\$)	
Application Type Fee (Utility 310			210	105	1 003 1	aid (ψ)	
Design 210			130	65			
Plant 210			160	80			
Reissue 310			620	310			
Provisional 210			020	0			
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)							
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					210	105	
Multiple dependent claims 370 185							
•		raid (\$) <u>Multiple Dependent</u>			nt Claims		
29 - 28 = 1				ee (\$) <u>Fee Paid (\$)</u>		1	
HP = highest number of total claims paid for	r, if greater than 20.	_				_	
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)					
54=1		10.00					
HP = highest number of independent claim	s pald for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Shee	*****		tion thereof	Fee (\$)	Fee f	Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Additional claims 260.00							
SUBMITTED BY							
Signature Santa 0	Clini	Registration No.	40,953	Telephone (703) 205-8000			
Name (Print/Type) Fether H Chang	s con	(Altomay/Agent)	,	Data F	Date December 19, 2007		

